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CONFIRMATION NO. 6049

<b>SERIAL NUMBER</b> 10/829,174	<b>FILING OR 371(c) DATE</b> 04/22/2004 <b>RULE</b>	<b>CLASS</b> 222	<b>GROUP ART UNIT</b> 3754	<b>ATTORNEY DOCKET NO.</b> 33101-2321
<b>APPLICANTS</b> Carter W. McGuyer, Muscle Shoals, AL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/467,815 05/02/2003 and is a CIP of 10/699,234 10/31/2003 PAT 7,083,070 <i>Yes</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i> <i>NAC</i> <i>3/14/07</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 07/08/2004</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>NAC</i> Initials	<b>STATE OR COUNTRY</b> AL	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 14
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 31013				
<b>TITLE</b> Condiment dispensing container and carousel				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	